

Benjamin Lebron

December 8, 2025

The Need for Neurodivergent Inclusion: A Response to Forced Assimilation

Introduction

The pervasive assumption that neurotypicality represents an 'optimal' or predetermined state of human cognition has resulted in the systematic exclusion of neurodivergent people from educational, professional, and social environments. This exclusion operates under the guise of “helping” neurodivergent people “succeed” within conformity, a framework that fundamentally misunderstands the nature of neurodevelopmental differences and the ethical implications of demanding cognitive assimilation as a prerequisite for dignity and opportunity.

Today, the discourse surrounding autism and ADHD often centers on "cure" narratives, deficit models, and conformity-based interventions that prioritize the comfort of neurotypical observers over the well-being of neurodivergent individuals. This approach manifests in educational settings that penalize self-regulation, workplaces that deny reasonable accommodations, and family dynamics that present camouflage as a necessary survival skill, rather than as a traumatic coping mechanism with documented long-term consequences.

Research consistently demonstrates that camouflage is correlated with higher rates of *burnout* , anxiety, depression, and suicidality (Cage and Troxell-Whitman, 2019; Raymaker et al., 2020).

The demand that neurodivergent individuals suppress their natural communication style, sensory needs, and cognitive processing differences to approximate neurotypical presentations constitutes a form of structural violence that has been inadequately addressed in academic literature and public policy.

This thesis examines the evidence for neurodivergent inclusion as both an ethical imperative and a practical necessity, drawing on disability justice frameworks, studies of the neurodiversity paradigm, and testimonial evidence from neurodivergent individuals in various contexts. By analyzing the documented effects of forced assimilation against the demonstrated benefits of accommodating neurological differences, this thesis challenges the assumption that “fitting in” should be the goal and proposes instead that environments should be designed to accommodate the full spectrum of human neurocognitive variation.

Section 1: Theoretical Framework

Historically, disability has been conceptualized under the medical model, which locates the “problem” within the individual as a biological deficit requiring correction or cure (Shakespeare, 2006). Under this paradigm, the goal is to make people with disabilities conform to neurotypical/physically capable functional norms.

1.1 The medical model vs. the social model of disability

The social model of disability, proposed by Oliver (1990), redefines disability as resulting from environmental and social barriers, not individual characteristics. Under this model, a person in a wheelchair is not “disabled” by their body, but by buildings without ramps, inaccessible transportation, and discriminatory attitudes. Applied to neurodivergence, the medical model views autism as a disorder requiring normalization; while the social model recognizes that the difficulties autistic people often experience result from environments designed exclusively for neurotypical processing, not from autism itself.

1.2 The neurodiversity paradigm

The term “neurodiversity” was coined by Singer (1998) to describe human neurological variation as a natural difference, not a pathology. Walker (2014) defines the neurodiversity paradigm as a rejection of the idea that there is one “correct” or “normal” neurological configuration. Key principles of the neurodiversity paradigm include: that neurological variation is natural and valuable; there is no “normal” brain and neurodiversity exists; pathologizing neurological differences is harmful; the goal is not to cure neurodiversity but to create inclusion; and neurodivergent people are experts in their own experiences. Chapman (2020) argues that autism is not inherently a “disorder” but becomes one when society fails to accommodate differences in

processing. This distinction is crucial: the suffering experienced by many autistic people is not inherent to autism but is a result of living in a world designed without considering their needs.

1.3 Operational Terminology

For clarity, this work uses the following definitions:

“The conscious or unconscious suppression of natural autistic responses and the creation of acceptable alternatives” (Hull et al., 2017, p. 2520). This includes suppressing stimming, forcing eye contact, imitating neurotypical facial expressions, and hiding autistic characteristics.

Autistic “burnout”: “A state of exhaustion characterized by loss of skills, increased sensitivity to sensory stimuli, inability to tolerate previously manageable situations, and significant deterioration in mental health” (Raymaker et al., 2020, p. 141). It frequently results from chronic masking without adequate recovery periods.

Reasonable accommodation: An environmental, communicative, or structural adjustment that reduces unnecessary barriers without imposing an undue burden. Examples include: allowing stimming, providing written instructions in addition to verbal ones, reducing sensory demands, and providing direct or literal communication.

Section 2: Empirical Evidence and Literary Analysis

Before examining the research, it is necessary to clarify what constitutes “masking” in autistic contexts, because it is frequently misinterpreted as simply “behaving well” or “being polite.”

Masking includes avoiding movements that aid sensory regulation (moving hands, rocking, making noises) because they are considered “weird” or “childish”; maintaining eye contact when it is physically and cognitively uncomfortable because it is interpreted as “politeness” or “attentiveness”; scripting or planning social interactions, that is, pre-planning and memorizing “appropriate” responses instead of responding naturally, consuming massive cognitive resources; suppressing any response to sensory overload, tolerating overwhelming lights, sounds, textures, or social situations without showing visible distress; mimicking neurotypical facial expressions and body language, that is, consciously controlling expressions that do not arise naturally in order to appear “normal”; not talking about topics of intense interest to avoid being perceived as “obsessive” or “weird”; constantly interpreting indirect communication, sarcasm, and social implications that are not intuitive to the person; and continuous, introspective monitoring of one's own actions to ensure that autistic characteristics are not “given away.”

Hull describes this as “a constant state of hypervigilance” that consumes massive cognitive resources and results in chronic exhaustion. This is not simply “normal socialization effort”; it is additional cognitive work that neurotypical people do not need to perform. Each hour of masked social interaction requires multiple hours of recovery for many autistic individuals. This unrelenting “chronic masking” results in “autistic burnout,” described by Raymaker as “a state of profound exhaustion characterized by loss of skills, increased sensory sensitivity, an inability to tolerate previously manageable situations, and significant impairment in mental health ”

(Raymaker et al., 2020).

Section 3: Critical analysis of common parenting practices

3.1 The 'Cure' Narrative and Its Consequences Gómez-Marí et al. (2022) found that parenting styles that prioritize neurotypical conformity over the child's well-being are correlated with worse mental health outcomes. Specifically, parents who describe their children as “cured” when autistic behaviors decrease; attribute changes to dietary interventions without evidence; invalidate the child's reported experiences; and interrupt when the child attempts to explain their perspective are fundamentally misinterpreting what they observe. The reduction in visible autistic behaviors does not indicate neurological change; it indicates that the child has learned to suppress their authentic expression to avoid conflict or parental disappointment.

3.2 'Therapeutic exposure' vs. sensory trauma

The practice of repeatedly exposing autistic children to overwhelming sensory stimuli in the belief that they will “get used to it” lacks support in sensory neuroscience. What actually happens is that the nervous system does not “adapt” to sensory input that it processes as painful or overwhelming; the child learns to suppress distress responses (screaming, crying, running away) because these responses do not result in relief; and this establishes a pattern of disconnection between internal experience and external expression, which is the basis of chronic masking. Schaaf et al. (2018) demonstrate that effective sensory interventions reduce exposure to overwhelming stimuli while gradually building tolerance in controlled environments and with the child’s consent. Forcing exposure without accommodation is counterproductive and potentially traumatic.

3.3 The myth that 'the real world won't accommodate'

The argument that neurodivergent children must learn to function without accommodations because "the real world" won't provide them is both false and ethically problematic. It is false because disability rights legislation, including the Americans with Disabilities Act (ADA), and other international laws and conventions require reasonable accommodations. Increasingly, educational institutions and employers are implementing inclusive practices. Furthermore, neurodivergent self-advocacy and inclusion movements are achieving measurable systemic change.

It is ethically problematic because it essentially argues that because discrimination exists, we should prepare victims of that discrimination to tolerate it instead of working to eliminate it. No one would apply that logic to other forms of discrimination, including gender discrimination, racial discrimination, age discrimination, and others. This argument perpetuates a cycle of exclusion by normalizing the existence and support of inaccessible environments and spaces.

3.4 The implications of constant parental invalidation

Cage et al. (2018) found that acceptance, as opposed to invalidation, of autistic experiences by families of autistic individuals significantly predicts better mental health outcomes in autistic adults. Mukherjee and Beresford (2023) documented that some parents choose to accommodate their children's autistic characteristics, while others take the opposite approach of exposing them to challenging situations, and some parents express "uncertainty and occasionally regret" about the approaches taken. When parents of autistic individuals interrupt their child's explanations of camouflage or "burnout," dismiss academic research the person presents, insist that diets or forced exposure "cured" the person, or compare the child to other autistic children to minimize their needs, they are communicating that the child's perspective on their own experience is invalid. This not only damages the parent-child relationship; it predicts suicidal ideation, depression, and anxiety in the autistic population (Cassidy et al., 2014).

3.5 The problem of double empathy applied to family relationships

Milton (2012) proposes that communication difficulties between autistic and neurotypical individuals are not unidirectional, but rather that both groups have difficulty understanding each other. However, autistic individuals are expected to do all the "translation" work. In family contexts, this manifests in different ways, always varying with the context. These include parents expecting their child to "act normal" in social situations; parents not learning to communicate in a direct or literal way, which works better for autistic individuals; parents invalidating their child's experiences because they don't align with their own, which is usually viewed from a

neurotypical perspective; or parents blaming their child for “not trying hard enough” when they themselves are not accommodating the child’s communication differences. Research by Gillespie-Lynch et al. (2017) demonstrate that adults and autistic people are experts in their own experiences, and should be recognized as legitimate sources of knowledge about autism, including autistic adolescents who actively research their condition.

Section IV: Practical Recommendations

4.1 For families: Changing from the assimilation model to the accommodation model

Families seeking to support neurodivergent children and adolescents must recognize that the goal is not to eliminate autistic or ADHD characteristics, but to create environments where the individual can function authentically without chronic exhaustion. This requires fundamental shifts in perspective and practice. This includes: recognizing camouflage as a traumatic survival mechanism, not as "progress," because when autistic behaviors decrease, one should ask whether the child is genuinely comfortable or has simply learned to suppress authentic expression, since the absence of visible autistic behaviors does not indicate well-being; it may indicate chronic masking that eventually results in burnout; validating reported experiences over any anecdotal information, as the experiences of a neurodivergent person from their own perspective have higher value than anecdotal information from parents; Implementing accommodations at home as standard practice can include allowing self-regulating movements without comment or correction, providing sensorially safe spaces where the person can recover, communicating plans and changes well in advance, allowing direct communication without requiring unnecessary neurotypical "courtesies," and respecting needs for solitude or recovery time after social

situations. Other recommended practices include: educating oneself about neurodiversity from neurodivergent sources, as much research written by autistic individuals, such as that by Chapman, Gillespie-Lynch, Milton, and Ne'eman, provides perspectives that research conducted exclusively by neurotypical researchers cannot offer. Parents should prioritize autistic voices over "cure" narratives or "interventions" designed for conformity; and recognizing that adaptation work should not be one-way, as the dual empathy model (Milton, 2012) clearly demonstrates that neurotypical individuals also have difficulty understanding autistic people. Families must learn to communicate in ways that work for the neurodivergent person, not just demand that the neurodivergent person adapt to neurotypical communication.

4.2 For educators and professionals: Implementing structural inclusion

Educational and professional environments must recognize that neurodivergent inclusion is not "special treatment" but basic justice and legal compliance with disability legislation. In educational contexts, written instructions can be provided in addition to verbal ones, self-regulation movements can be permitted without penalty, alternatives to oral presentations can be offered to students with social anxiety, sensorially safe spaces for breaks can be created, and the use of assistive technology such as noise-canceling headphones can be allowed. In professional contexts, clear and direct communication can be implemented without relying on implications or subtext, detailed descriptions of expectations and tasks can be provided, remote work or flexible hours can be permitted where possible, unnecessary sensory demands in work environments can be reduced, and it can be recognized that different communication styles can be equally professional and effective.

4.3 Direction for future research

Future research should focus on developing measures of neurodivergent well-being that are independent of the neurotypical normative approach. Longitudinal studies comparing mental health outcomes between neurodivergent individuals in accommodative versus forced assimilation environments are needed. Furthermore, participatory research that includes neurodivergent individuals as co-investigators, rather than just study subjects, should be prioritized.

Conclusion

The evidence presented consistently demonstrates that the forced assimilation of neurodivergent individuals is not only ethically problematic but also empirically counterproductive. Chronic camouflage results in autistic burnout, deteriorating mental health, and increased suicidal ideation. Parental invalidation of neurodivergent experiences predicts worse long-term outcomes. Conformity-based interventions, including forced exposure to overwhelming sensory stimuli and the suppression of autistic behaviors, lack neuroscience support and can cause trauma.

In contrast, environments that accommodate neurocognitive differences without demanding assimilation demonstrate better results across all relevant metrics: mental health, executive functioning, and self-reported well-being. The neurodiversity paradigm does not deny that autistic individuals experience real difficulties; it recognizes that many of these difficulties result from environments designed exclusively for neurotypical processing, not from autism itself.

Families, educators, and professionals must recognize that the goal is not to make neurodivergent people "act normal," but to create spaces where they can authentically exist without chronic burnout. This is not concession or "special treatment"; it is basic recognition of natural human variation and adherence to principles of justice for people with disabilities. The question should not be "how do we make this person conform," but "how do we design environments that work for the full spectrum of human cognition?"

References

- Cage, E., and Troxell-Whitman, Z. (2019). "Understanding the Reasons, Contexts and Costs of Camouflaging for Autistic Adults." *Journal of Autism and Developmental Disorders* , 49(5), 1899-1911.
- Raymaker, D.M., et al. (2020). "'Having All of Your Internal Resources Exhausted Beyond Measure and Being Left with No Clean-Up Crew': Defining Autistic Burnout." *Autism in Adulthood* , 2(2), 132-143.
- Hull, L., et al. (2021). "Development and Validation of the Camouflaging Autistic Traits Questionnaire (CAT-Q)." *Journal of Autism and Developmental Disorders* , 49(3), 819-833.
- Pearson, A., and Rose, K. (2021). "A Conceptual Analysis of Autistic Masking: Understanding the Narrative of Stigma and the Illusion of Choice." *Autism in Adulthood* , 3(1), 52-60.
- Chapman, R., and Carel, H. (2022). "Neurodiversity, Epistemic Injustice, and the Good Human Life." *Journal of Social Philosophy* , 53(4), 614-631.
- Kapp, S.K., et al. (2013). "Deficit, Difference, or Both? Autism and Neurodiversity." *Developmental Psychology* , 49(1), 59-71.
- Ne'eman, A. (2021). "When the 'Cure' is Worse than the 'Disease.'" *Disability Studies Quarterly* , 41(3).
- Scott, M., et al. (2019). "Employers' Perception of the Costs and the Benefits of Hiring Individuals with Autism Spectrum Disorder in Open Employment in Australia." *PLOS ONE* , 14(5).

- Cage, E., et al. (2018). "Understanding the Factors that Affect the Self-Reporting of Sensory Difficulties in Autism." *Autism Research* , 11(11), 1505-1513.
- Dwyer, P. (2022). "The Neurodiversity Approach(es): What Are They and What Do They Mean for Researchers?" *Human Development* , 66(2), 73-92.
- Kupferstein, H. (2018). "Evidence of Increased PTSD Symptoms in Autistics Exposed to Applied Behavior Analysis." *Advances in Autism* , 4(1), 19-29.
- Sandoval-Norton, A.H., and Shkedy, G. (2019). "How Much Compliance is Too Much Compliance: Is Long-Term ABA Therapy Abuse?" *Cogent Psychology* , 6(1).
- Wilkenfeld, D.A., and McCarthy, A.M. (2020). "Ethical Concerns with Applied Behavior Analysis for Autism Spectrum 'Disorder.'" *Kennedy Institute of Ethics Journal* , 30(1), 31-69.
- Milton, DEM (2012). "On the Ontological Status of Autism: The 'Double Empathy Problem.'" *Disability and Society* , 27(6), 883-887.
- Gillespie-Lynch, K., et al. (2017). "Whose Expertise Is It? Evidence for Autistic Adults as Critical Autism Experts." *Frontiers in Psychology* , 8, 438.
- Nicolaidis, C., et al. (2011). "Primary Care for Adults on the Autism Spectrum." *The Permanente Journal* , 15(2), 69-74.
- Botha, M., and Frost, D. M. (2020). "Extending the Minority Stress Model to Understand Mental Health Problems Experienced by the Autistic Population." *Society and Mental Health* , 10(1), 20-34.

Cage, E., and Troxell-Whitman, Z. "Understanding the Reasons, Contexts and Costs of Camouflaging for Autistic Adults." *Journal of Autism and Developmental Disorders* , vol. 49, no. 5, 2019, pp. 1899-1911.

Pellicano, E., and den Houting, J. (2022). "Annual Research Review: Shifting from 'Normal Science' to Neurodiversity in Autism Science." *Journal of Child Psychology and Psychiatry* , 63(4), 381-396.

DePape, A.M., and Lindsay, S. (2015). "Parents' Experiences of Caring for a Child with Autism Spectrum Disorder." *Qualitative Health Research* , 25(4), 569-583.

Gómez-Marí, I., et al. (2022). "The Impact of Parenting Style on the Psychological Adjustment of Children with Autism Spectrum Disorder." *International Journal of Environmental Research and Public Health* , 19(3), 1294.

Fisher, P., Goodley, D. (2007) "The linear medical model of disability: mothers of disabled babies resist with counter-narratives". *Sociology of Health and Illness* , 29(1), 66-81.

"The Neurodiversity Paradigm." *Embrace Autism* . April 20, 2024. <https://embrace-autism.com/the-neurodiversity-paradigm/> .

Shakespeare, Tom. "The social model of disability." *The Disability Studies Reader* . Routledge, 2006. 16-24.

Schaaf, Roseann C., et al. "An intervention for sensory difficulties in children with autism: A randomized trial." *Journal of Autism and Developmental Disorders* 44.7 (2014): 1493-1506.

Cage, E., Di Monaco, J., and Newell, V. (2018). "Experiences of Autism Acceptance and Mental Health in Autistic Adults." *Journal of Autism and Developmental Disorders* , 48(2), 473-484.

<https://doi.org/10.1007/s10803-017-3320-0>

Chapman, R. (2020). "The Reality of Autism: On the Metaphysics of Disorder and Diversity." *Philosophical Psychology* , 33(6), 799-819. <https://doi.org/10.1080/09515089.2020.1751103>

Mukherjee, S., and Beresford, B. (2023). "Factors influencing the mental health of autistic children and adolescents: Parents' observations and experiences." *Autism* , 27(5), 1282-1295.

<https://doi.org/10.1177/13623613231158959>